

CLAIMS ONLY

SERIAL NO. _____ FILING DATE _____

APPLICANT(S) _____

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.	4		↓		↓	
TOTAL DEP.	19		↔		↔	
TOTAL CLAIMS	23					

	★	#	★				
	IND.				IND.	DEP.	IND.
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100							
TOTAL IND.		↓		↓		↓	
TOTAL DEP.		↔		↔		↔	
TOTAL CLAIMS							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS